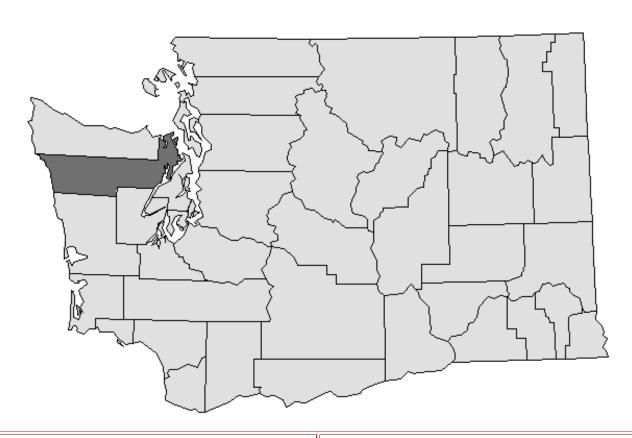
County Profile of Substance Use and Need for Treatment Services in Jefferson County



Washington State Department of Social and Health Services

Division of Alcohol and Substance Abuse

Research and Data Analysis

December 1999 Revised March 2002

CONTENTS

- * The purpose of the report
- * Washington Needs Assessment Household Survey
- * Measures of substance use disorder
- * Population groups for analysis
- * Estimates of substance use disorder
- * Estimates of current need for SA services
- * Treatment Assessment Report Generation Tool
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- * Service use by modality and activity
- * Service use by demographics
- * Comparisons of need and service use



U.S. DEPARTMENT HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

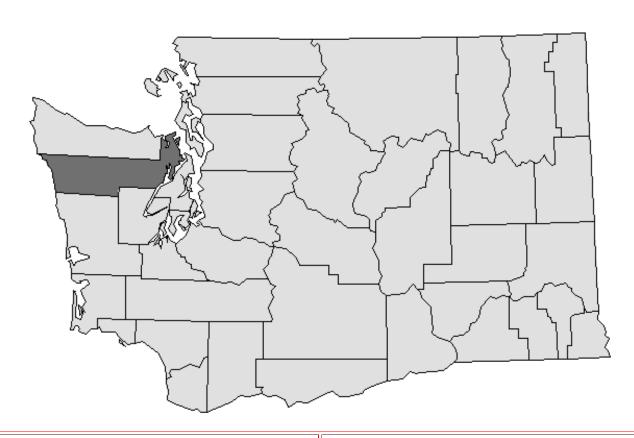
A more expansive version of this report can be found online at: http://psy.utmb.edu/estimation/dasa99/report/drugmenu.htm

Additional copies of this report may be obtained from the Washington State Alcohol/Drug Clearinghouse at 1-800-662-9111 (within Washington State) or 206-725-9696 (within Seattle or outside Washington State), by e-mail at clearinghouse@adhl.org or by sending a written request to:

Washington State Alcohol/Drug Clearinghouse 3700 Rainier Avenue South, Suite A Seattle, Washington 98144

This report, originally published in December 1999, was revised in March 2002. Corrections were made to the percentages cited in the text in the last line on page 5 and to the estimated treatment need and the use/need ratio for the 25-44 age group in Table 8 on page 12.

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Center for Substanc Abuse Tieatment SAMHSA

Produced under a contract funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services Center for Substance Abuse Treatment, 5600 Fishers Lane Rockwall II Suite 616, Rockwille, Maryland 20857, 301,443,5052

The Purpose of This Report

The purpose of this report is to provide local planners and evaluators with information that can be used to compare need for and utilization of substance abuse services in counties and demographic subpopulations. The methods used for these county profiles update and improve upon the analyses presented in the first set of county profiles published in 1996. The new county profiles are also complemented by a more comprehensive report located on the DSHS Internet site which includes more detail on methods and additional breakdowns of results. The shorter county profiles are designed to summarize county-specific information and to be printable for distribution as a paper report. Each county profile provides the following:

- estimates of the demographic characteristics of each county population;
- estimates of substance use, substance use disorder, and need for treatment based on the Washington State Needs Assessment Household Survey (WANAHS);
- service utilization data from the Division of Alcohol and Substance Abuse's treatment assessment database (TARGET); and
- comparisons of need for services and use of services both county-wide and by demographic subgroup

The Washington Needs Assessment Household Survey (WANAHS)

The WANAHS was a statewide survey of over 7,000 adults designed to measure the prevalence of substance use and need for treatment. It was conducted over a 14-month period from September 1993 through October 1994. Funding was provided by a grant from the Federal Center for Substance Abuse Treatment. The Washington State Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) section conducted the project on behalf of the DSHS Division of Alcohol and Substance Abuse. Telephone interviewing was provided by Washington State University's Social and Economic Sciences Center. The WANAHS sample included large numbers of minorities and other special groups in order to facilitate demographic analyses. The WANAHS sample included approximately equal numbers of interviews with African Americans, Asians, Hispanics, American Indians, and non-Hispanic Whites. Additional samples of people living at or below 200% of the Federal Poverty Level (FPL), rural residents, and women were interviewed adding coverage of important, but sometimes overlooked, populations. The survey instrument had questions about current and past use of or dependence on major drugs of abuse. Further details of the interviewing and survey methods are provided in the more detailed on-line report. Upon weighting the WANAHS sample to match the actual population distribution, the survey provides direct statewide estimates of substance use and as well as the need for substance abuse services. A statewide profile is also available as a companion report.

Methods for Estimating County-level Prevalence Rates. In order to derive current county level estimates for substance use, abuse and need for treatment from the statewide survey, it was necessary to construct a demographically specified population matrix for each county against which the statewide survey-based rates could be applied. The population matrix contained counts of persons in all groups defined by age, sex, race, marital status, high school graduation, poverty status (at or below 200% of the Federal Poverty Level), and residence type. The population groups were developed from 1990 U. S. decennial census data and updated with current estimates for age, sex, and race from DSHS. All annual estimated and forecasted population figures are adjusted to match official Washington State population figures from the Office of Financial Management.

The substance use variables from the WANAHS were analyzed by the demographic variables listed above. Logistic regression models estimated rates for each cell in the demographic matrix. Differences

between counties in estimated rates of substance abuse result from the demography of the county. For example, counties with higher proportions of young adults will have higher rates of current substance use than counties with lower proportions of young adults, because young adults are more likely to be using substances. Similarly, since married persons are less likely to report substance use, a county with more married people will have a lower estimate of need. Details for this method, often referred to as synthetic estimation, are provided in a more comprehensive on-line report.

Measures of Substance Use, Substance Use Disorder, and Need for Treatment

The WANAHS obtained measures of use and abuse for many different substances. Those have been presented in previous DASA reports. Some of those measures are also reported here in Tables 2 and 3. Note that tobacco use was not included in the survey. Basic measures of use include having: a) ever used a substance (lifetime use), b) used a substance in the past 12 months (past 18 months for alcohol), and c) used a substance in the past 30 days (current). In addition, the household survey incorporated items and scales from the widely used Diagnostic Interview Schedule (DIS) to assess the substance-related diagnoses of the American Psychiatric Association's Diagnostic and Statistical Manual, Third Edition - Revised (DSM-III-R). Lifetime and past 18 month measures of substance abuse and substance dependence were obtained. Table 1 shows the symptom constructs which are part of the DSM-III-R diagnoses of substance abuse and dependence. Although there have been some changes in the diagnostic criteria with the release of DSM-IV, those are unlikely to greatly affect the present findings.

Table 1. DSM III-R Symptoms of Substance Dependence

Three or more of the following:

- 1. Substance is often taken in larger amounts or over a longer period than the person intended.
- 2. Persistent desire or one or more unsuccessful attempts to cut down or control substance use.
- 3. Great deal of time spent in activities necessary to get the substance, taking the substance or recovering from its effects.
- 4. Frequent intoxication or withdrawal when expected to fulfill major role obligations or when use is physically hazardous.
- 5. Important social, occupational or recreational activities given up or reduced because of substance use.
- 6. Continued use despite knowledge of having a persistent or recurrent social, psychological or physical problem.
- 7. Marked tolerance or markedly diminished effect with continued use of same amount.
- 8. Characteristic withdrawal symptoms.
- 9. Substance often taken to relieve or avoid withdrawal symptoms.

Specific assessment criteria for several measures of problem use are presented below:

DSM-III-R Lifetime Dependence: A person is diagnosed with lifetime dependence if:

- 1. they have ever had three or more symptoms of dependence, and
- 2. at least two of those symptoms lasted a month or more or occurred repeatedly over a longer period of time.

DSM-III-R Lifetime Abuse: A person is diagnosed with lifetime abuse if:

- 1. they do not have a lifetime diagnosis of substance dependence;
- 2. they have ever continued substance use despite having recurrent social, occupational, psychological or physical problems exacerbated by it OR used repeatedly in situations where use is physically hazardous (determined from a subset of questions used to assess dependence symptoms); and
- 3. at least one symptom lasted a month or more or occurred repeatedly over a longer period of time.

Past 18 Month Substance Use Disorder: A person is diagnosed with a past 18 month substance use disorder if:

- 1. they have a diagnosis of lifetime dependence or abuse;
- 2. they have used a substance in the last 18 months, and
- 3. they have experienced a DSM-III-R abuse or dependence symptom in the last 18 months.

Past Year Need for Treatment: A respondent needs treatment during the past year if:

- 1. they have a past 18 month substance use disorder; OR,
- 2. they "ever had a problem or felt addicted to alcohol or drugs" AND used alcohol or drugs regularly during the past 18 months (i.e. they drank an average of 3 drinks per drinking day at least once per week OR they used marijuana 50 times or more OR they used any other illicit drug 11 times or more); OR,
- 3. they have received licensed residential or outpatient treatment services during the past 12 months; OR,
- 4. they have maintained a very high level of alcohol or drug use during the past 18 months (i.e. they drank an average of 4 drinks per drinking day at least 3 to 4 times per week OR they used any illicit drug 50 times or more).

Population Groups for Analysis

Overall prevalence estimates for the various measures of substance use, disorder, and need for treatment in Table 2 and the demographically-specific estimates of treatment need in Table 3 are given for three primary populations of interest:

- **entire adult population** (age 18+) including those living in households, institutions (prisons, hospitals, and nursing homes) and group quarters (military barracks, college dorms, shelters). Residential setting is defined according to the U.S. Bureau of the Census definition. The estimates for this population are based on WANAHS survey rates, except that for the institutional population, particularly those in prison, the rates in the WANAHS survey have been inflated beyond the rates for corresponding demographic cell in the household population to compensate for higher rates in these institutional populations.
- **adult population living in households** regardless of poverty status. Estimates for this column come directly from the WANAHS.
- adult population living in households and living at or below 200% of the Federal Poverty Level (FPL). Estimates for this population are based on a subset of survey respondents living at or below 200% of the federal poverty guidelines which approximates people potentially eligible for publicly funded treatment services. The proportion of persons in poverty is not updated from the 1990 census data but is adjusted with changes in age, sex, and race.

Estimates of Substance Use, Disorder, and Need for Treatment

Table 2 presents current, one-year, and lifetime estimates for a variety of alcohol and drug measures. Within each of the columns is a presentation of the estimated number of cases and percent (the rate per 100) of adults estimated to be in need. The population base or denominators for the percentages can be found in the Total row of Table 3.

Table 2. Estimates of Substance Use, Disorder, and Service Need for 1998 for Jefferson County

		Entire Adult Population*		sehold ats	Adults at or 200% of Po	
Need for treatment	Cases	Rate	Cases	Rate	Cases	Rate
Current Need for Substance Treatment	1,957	9.5	1,834	9.1	677	10.9
Alcohol or Drug disorder	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Alcohol or Drug Use Disorder	2,827	13.7	2,696	13.3	954	15.4
Past 18-Month Alcohol or Drug Use Disorder	1,360	6.6	1,263	6.2	457	7.4
Alcohol disorder	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Alcohol Use Disorder	2,300	11.2	2,183	10.8	712	11.5
Past 18-Month Alcohol Use Disorder	1,252	6.1	1,161	5.7	388	6.3
Drug disorder	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Drug Use Disorder	989	4.8	923	4.6	422	6.8
Past 18-Month Drug Use Disorder	326	1.6	297	1.5	164	2.6
Alcohol use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Alcohol	19,082	92.7	18,730	92.6	5,524	89.1
Past 18-Month Use of Alcohol	14,450	70.2	14,166	70.0	3,651	58.9
Past 30-Day Use of Alcohol	11,351	55.1	11,107	54.9	2,734	44.1
Use of any drug	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Any Illicit Drug	7,444	36.2	7,255	35.9	2,313	37.3
Past 12-Month Use of Any Illicit Drug	1,809	8.8	1,684	8.3	643	10.4
Past 30-Day Use of Any Illicit Drug	945	4.6	865	4.3	377	6.1
Marijuana use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Marijuana	7,135	34.7	6,950	34.4	2,197	35.4
Past 12-Month Use of Marijuana	1,665	8.1	1,545	7.6	573	9.2
Past 30-Day Use of Marijuana	903	4.4	826	4.1	342	5.5
Stimulant use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Stimulants	3,278	15.9	3,135	15.5	1,247	20.1
Past 12-Month Use of Stimulants	409	2.0	371	1.8	189	3.1
Past 30-Day Use of Stimulants	158	0.8	148	0.7	49	0.8
Cocaine use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Cocaine	2,424	11.8	2,307	11.4	785	12.7
Past 12-Month Use of Cocaine	336	1.6	298	1.5	159	2.6
Past 30-Day Use of Cocaine	102	0.5	94	0.5	36	0.6

^{*} Includes institutions and group quarters

Estimates of Current Need for Substance Abuse Services

Table 3 presents estimates of the prevalence of current need for substance abuse services by demographics. As in the previous table, the columns correspond to the total adult population, the household adult population, and adults in households at or below 200% of the Federal Poverty Level. These have current need estimates of 9.5%, 9.1%, and 10.9%, respectively. As can be seen, there is

substantial demographic variability in the estimated rates with higher estimates of need for: younger persons, men, American Indian or Alaskan Natives and Whites, those never married, high school graduates, and those living at or below 200% of poverty. Estimates are also higher for those in institutions and group quarters.

Table 3. Estimates of Current Need for Substance Abuse Treatment for Jefferson County for 1998

	Entire Ac	dult Popula	tion*	Adult Hou	Adult Household Residents			Adults at or below 200% Poverty		
Group	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Total	1,957	20,584	9.5	1,834	20,224	9.1	677	6,200	10.9	
Age	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
01-17	Not	Available		No	t Available		No	ot Available		
18-24	475	1,746	27.2	451	1,699	26.5	214	870	24.6	
25-44	1,010	6,874	14.7	927	6,732	13.8	322	2,118	15.2	
45-64	357	6,775	5.3	350	6,744	5.2	104	1,674	6.2	
65+	114	5,189	2.2	107	5,049	2.1	37	1,537	2.4	
Sex	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Male	1,388	10,221	13.6	1,277	10,035	12.7	452	2,693	16.8	
Female	569	10,363	5.5	557	10,189	5.5	225	3,507	6.4	
Ethnicity	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
White-NH	1,847	19,654	9.4	1,740	19,323	9.0	633	5,896	10.7	
Black-NH	10	87	11.9	8	77	10.3	2	24	10.3	
Asian	4	248	1.4	3	246	1.4	1	31	2.4	
Native Am.**	85	429	19.7	72	414	17.4	39	205	18.9	
Hispanic	11	165	6.8	11	163	6.8	2	44	5.4	
Marital	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Married	735	13,351	5.5	727	13,299	5.5	192	2,819	6.8	
Div/Sep/Wid	503	4,424	11.4	464	4,275	10.9	209	2,143	9.7	
Never Mar	718	2,809	25.6	644	2,650	24.3	277	1,238	22.4	
Education	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Not HS Grad	374	3,899	9.6	345	3,771	9.1	130	1,821	7.2	
HS Graduate	1,583	16,685	9.5	1,490	16,453	9.1	547	4,379	12.5	
Poverty	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Below 200%	795	6,538	12.2	677	6,200	10.9	677	6,200	10.9	
Above 200%	1,161	14,047	8.3	1,157	14,024	8.2	0	0		
Residence	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate	
Residential	1,834	20,224	9.1	478,765	20,224	2367.4	677	6,200	10.9	
Institutional	102	243	41.8		0		0	0		
Group quarters	21	118	17.7		0		0	0		

^{*} Includes institutions and group quarters

^{**} American Indian or Alaskan Native.

Treatment Assessment Report Generation Tool

The Division of Alcohol and Substance Abuse maintains a database of services provided under its programs. This is called the Treatment Assessment Report Generation Tool (TARGET). Reporting is required for treatment agencies providing public sector contracted or funded treatment services and optional for private pay individuals served. Thus TARGET includes data on services provided by or funded by DASA. Although sometimes included in TARGET, we did not report services funded by private payment, or private insurance, or services provided by private practitioners or detoxification provided as part of a medical admission. TARGET information collection is based on establishing a baseline at admission to treatment and capturing/identifying changes to that baseline upon discharge thus providing information on progress during treatment.

The present report draws from services data in TARGET provided to the non-institutionalized population during the five-year period from 1994 through 1998. DASA services provided to prisoners through the Department of Corrections are not included in this report. The services are summarized in three types of units designated: clients, admissions, and volume.

- * *Clients* designates the number of persons who have received DASA services within the year for each of the reported categories. These counts are unduplicated such that a person only counts once for a reported type of service even if they have received multiple instances of service within that type.
- * Admissions (admits) designates the number of identified admissions to programs within a type, and can be duplicated for an individual if that person is readmitted to the same service or is admitted to a different service within the same reporting category. When a person is admitted once for services spanning the end of a year, the admission is credited proportionally to both years. Thus a person admitted on December 1 and discharged on January 31 would be counted as having half an admission in each year.
- * Volume is a measure of contacts. For inpatient and residential services the unit of volume is the day. A day is credited for each whole or partial day in the program. A person admitted today and discharged tomorrow would count as having two days in the program. For outpatient programs the unit of volume is the contact/visit. Thus a person who had individual therapy on Monday and Friday of a week would be credited with two visits, as would a person having an individual and a group therapy visit on the same day.

We have provided summaries of service usage in two categorizations. The primary categories for reporting services are by the modality indicated on the admission record. These include a number of specific modalities such as "intensive inpatient", and "long term residential." These detailed modalities are summarized into 1) inpatient, 2) outpatient, 3) methadone and 4) total, for most tables. In addition to summaries by modality, we have provided summaries by specific type of activity within the outpatient and methadone modalities. Although not included in the summaries above, we have also included "detox," "transitional housing," and "dual diagnosis" tabulations under the category "supportive interventions."

Service Trends from TARGET Database

Table 4 presents the service summary trends for the time period from 1994 to 1998. It includes inpatient, outpatient, methadone, and total. Generally, patterns are consistent over time with some suggestion of decreased inpatient usage over time.

Table 4. Service Trends for 1994-1998 for Jefferson County								
Clients	1994	1995	1996	1997	1998			
Inpatient Summary	41	39	62	65	59			
Outpatient Summary	136	141	160	158	130			
Methadone Summary	0	0	1	1	0			
Total (Inpatient, Outpatient, Methadone)	157	163	195	200	169			
Admits	1994	1995	1996	1997	1998			
Inpatient Summary	43	41	62	65	65			
Outpatient Summary	101	83	108	121	84			
Methadone Summary	0	0	2	0	0			
Total (Inpatient, Outpatient, Methadone)	144	124	172	186	149			
Volume	1994	1995	1996	1997	1998			
Inpatient summary - days	1,419	1,811	2,104	2,229	2,247			
Outpatient summary - services	2,391	2,084	2,611	2,605	1,416			
Methadone summary - services	0	0	33	16	0			

Note: Total service volume is omitted because it would mix days and services.

Service Use by Modality and Activity

Table 5 presents the detailed breakout of service utilization by modality and activity. Specifically, within inpatient, outpatient, and methadone modalities, specific service activities are identified. For each modality and activity the number of clients, number of admissions, and service volumes are presented. The average volume per admission is also presented.

Table 5. Service Use by Modality and Act	ivity for	1998 for Je	fferson C	ounty
SERVICE SUMMARIES	Clients	Admissions	Volume	Volume/Adm.
Inpatient Summary	59	65	2,247	34.6
Outpatient Summary	130	84	1,416	16.9
Methadone Summary	0	0	0	
Any Treatment	169	149	Not appl.	Not appl.
INPATIENT	Clients	Admissions	Volume	Volume/Adm.
II -Intensive Inpatient	44	47	1,152	24.5
LT -Long Term Residential	8	5	521	104.2
MR -MICA Residential	5	2	224	112.0
EC -Extended Care	1	1	61	61.0
RH -Recovery House	10	10	289	28.9
OUTPATIENT MODALITY	Clients	Admissions	Volume	Volume/Adm.
MO -MICA Outpatient	0	0	0	•
GC -Group Care	0	0	0	•
OP -Outpatient	130	84	1,416	16.9
METHADONE MODALITY	Clients	Admissions	Volume	Volume/Adm.
MT -Methadone Rx	0	0	0	•
OUTPATIENT ACTIVITY	Clients	Admissions	Volume	Volume/Adm.
OP-I Individual	74	59	208	3.5
OP-G Group	121	92	1,202	13.1
OP-J Conjoint - Family with Client	0	0	0	
OP-F Family without Client	1	1	1	1.0
OP-C Childcare	0	0	0	
OP-M Case Management	0	0	0	
OP-A Acupuncture	0	0	0	
OP-U Urinalysis	4	4	5	1.4
METHADONE ACTIVITY	Clients	Admissions	Volume	Volume/Adm.
MT-I Individual	0	0	0	
MT-G Group	0	0	0	
MT-J Conjoint - Family with Client	0	0	0	
MT-F Family without Client	0	0	0	
MT-C Childcare	0	0	0	
MT-M Case Management	0	0	0	
MT-A Acupuncture	0	0	0	
MT-R Methadone Adjustment	0	0	0	
MT-U Urinalysis	0	0	0	
SUPPORTIVE INTERVENTIONS (Not in Summary)	Clients	Admissions	Volume	Volume/Adm.
DX -Detox	11	12	39	3.3
TH -Transitional Housing	0	0	0	
DD -Dual Diagnosis	0	0	0	

Service Use by Demographics

The next two tables present service summaries for modalities by demographics. Table 6 presents summaries for inpatient and outpatient services. Table 7 presents summaries for methadone and total substance abuse services.

Table 6. Inpatient and Outpatient Substance Abuse Services by Demographics for 1998 for Jefferson County

		Inpatient			Outpatient	
St/Co total	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Total	59	65	2,247	130	84	1,416
Age	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-17	11	15	417	26	21	275
18-24	8	8	252	20	13	280
25-44	32	33	1,246	51	34	504
45-64	8	9	332	31	16	349
65+	0	0	0	2	0	8
Sex	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Male	36	38	1,181	86	50	985
Female	23	27	1,066	44	34	431
Race/ethnicity	Clients	Admissions	Volume*	Clients	Admissions	Volume*
White-NH	54	62	2,079	118	73	1,292
Black-NH	0	0	0	1	1	3
Asian	0	0	0	0	0	0
Native Am	4	2	146	9	9	65
Hispanic	1	1	22	2	1	56
Marital status	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Married	7	4	326	18	9	193
Sep/Wid/Div	20	23	876	47	31	528
Single	32	38	1,045	65	44	695
Education	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Not HS Grad	27	34	928	57	41	648
H.S.Graduate	32	31	1,319	73	43	768
Household income	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-1500/mo	59	65	2,247	118	80	1,249
1501-5000	0	0	0	10	4	153
5001+	0	0	0	2	0	14
Residence	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Household	45	49	1,819	122	75	1,360
Institutional	1	0	64	1	0	2
Group quarters	13	16	364	7	9	54

^{*} Inpatient volume is days. Outpatient volume is service contacts.

^{**} American Indian or Alaskan Native.

Table 7. Methadone and Total Substance Abuse Services by Demographics for 1998 for Jefferson County

		Methadone		T	Total (In/Out/Meth)		
St/Co total	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Total	0	0	0	169	149	Not appl.	
Age	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
0-17	0	0	0	34	36	Not appl.	
18-24	0	0	0	24	21	Not appl.	
25-44	0	0	0	73	67	Not appl.	
45-64	0	0	0	36	25	Not appl.	
65+	0	0	0	2	0	Not appl.	
Sex	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Male	0	0	0	112	88	Not appl.	
Female	0	0	0	57	61	Not appl.	
Race/ethnicity	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
White-NH	0	0	0	155	135	Not appl.	
Black-NH	0	0	0	1	1	Not appl.	
Asian	0	0	0	0	0	Not appl.	
Native Am	0	0	0	11	11	Not appl.	
Hispanic	0	0	0	2	2	Not appl.	
Marital status	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Married	0	0	0	24	13	Not appl.	
Sep/Wid/Div	0	0	0	57	54	Not appl.	
Single	0	0	0	88	82	Not appl.	
Education	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Not HS Grad	0	0	0	77	75	Not appl.	
H.S.Graduate	0	0	0	92	74	Not appl.	
Household income	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
0-1500/mo	0	0	0	157	145	Not appl.	
1501-5000	0	0	0	10	4	Not appl.	
5001+	0	0	0	2	0	Not appl.	
Residence	Clients	Admissions	Volume*	Clients	Admissions	Volume*	
Household	0	0	0	152	124	Not appl.	
Institutional	0	0	0	1	0	Not appl.	
Group quarters	0	0	0	16	25	Not appl.	

^{*} Methadone volume is service contacts. No volume is provided for Total.

Comparisons of Need and Services Funded through DASA

The last analysis presented in this report is a comparison of rates of estimated need for services with rates of utilization of services. This comparison of use to need, in which the number of persons being served is presented as a percentage of the number of persons estimated to be in need, is called *met need*. To the extent that met need falls short of 100%, the shortfall is called *unmet need*.

^{**} American Indian or Alaskan Native.

This comparison is presented in Table 8 to facilitate identification of populations which are using fewer services than would be expected from the estimated need. Statewide, the use to need rate tends to run around 20%, suggesting a rather large amount of unmet need for treatment. However, the services identified in this comparison are only from the public sector. It is reasonable to expect that the private sector, either through insurance or self-pay, would meet some additional proportion of the estimated need. On the other hand, the estimates of need used in the comparison came only from households at or below 200% of the poverty level, who may lack any alternative to public services.

The comparisons show that some groups have less unmet need than others. This occurs in part because some populations are more likely to seek treatment than others and some programs may be better in their outreach to some populations than others. The differences may also be the result of the true local rate of need being greater or less than the estimates provided.

Table 8. Rates of Current Need for Treatment, Use of DASA Treatment Services, and Ratio of Use to Need by Demographics for Jefferson County Adults Living in Households, 1998

	At or be	low 200% of P	overty	DASA Ta	rget Clients	Need Met by DASA(%)
Total	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Total	6,200	677	10.9	119	1.9	17.6
Age	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
18-24	870	214	24.6	22	2.5	10.3
25-44	2,118	322	15.2	63	3.0	19.6
45-64	1,674	104	6.2	32	1.9	30.8
65+	1,537	37	2.4	2	0.1	5.4
Sex	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Male	2,693	452	16.8	85	3.2	18.8
Female	3,507	225	6.4	34	1.0	15.1
Race/ethnicity	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
White-NH	5,896	633	10.7	110	1.9	17.4
Black-NH	24	2	10.3	0	0.0	0.0
Asian	31	1	2.4	0	0.0	0.0
Native Am.*	205	39	18.9	8	3.9	20.6
Hispanic	44	2	5.4	1	2.3	41.9
Marital	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Married	2,819	192	6.8	24	0.9	12.5
Sep/Wid/Div	2,143	209	9.7	49	2.3	23.5
Single	1,238	277	22.4	46	3.7	16.6
Education	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Below HS	1,821	130	7.2	41	2.3	31.4
HS Grad	4,379	547	12.5	78	1.8	14.3

^{*} American Indian or Alaskan Native.

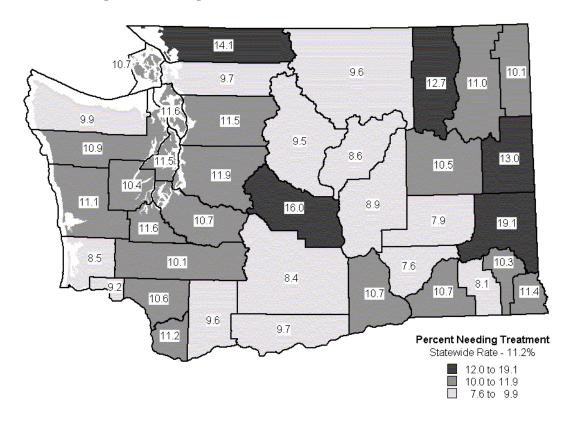
Table 9 presents the trends in the relationship between estimated need for services by adults at or below 200% of poverty and the utilization of services by services eligible adults. Youth below age 18 were not included in these comparisons because they were not included in the WANAHS survey. Although the estimated numbers in need of services change with fluctuations in the population, the overall rates of need remain relatively stable in most counties. There is somewhat more variation over time in the reported use of services and consequently in the use to need ratio.

Table 9. Rates of Current Need for Treatment, Use of DASA Treatment Services, and Ratio of Use to Need for Jefferson County Adults Living in Households by Year

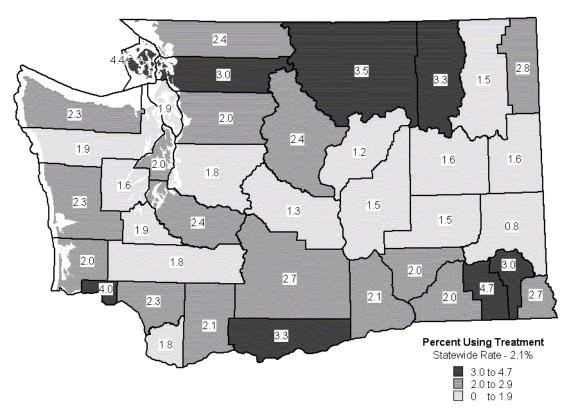
	At or below 200% of Poverty			DASA	Clients	Need Met by DASA(%)
	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Adults-1994	5,706	632	11.1	84	1.5	13.3
Adults-1995	5,873	650	11.1	127	2.2	19.5
Adults-1996	6,017	660	11.0	155	2.6	23.5
Adults-1997	6,155	675	11.0	150	2.4	22.2
Adults-1998	6,200	677	10.9	119	1.9	17.6

The distribution of estimated current need for substance treatment, treatment provided by DASA, and the percentage of need met by DASA are presented in the following maps for the year 1998. These estimates are for the adult population in households and are based on the demographic composition of the counties.

Current Need for Substance Abuse Treatment Services Among Adults Living in Households At or Below 200% FPL, 1998



Use of DASA-funded Treatment Services by Adults Living in Households, 1998



Ratio of Adults Using DASA-funded Treatment to Adults Currently Needing Treatment Among Those Living in Households At or Below 200% of FPL, 1998

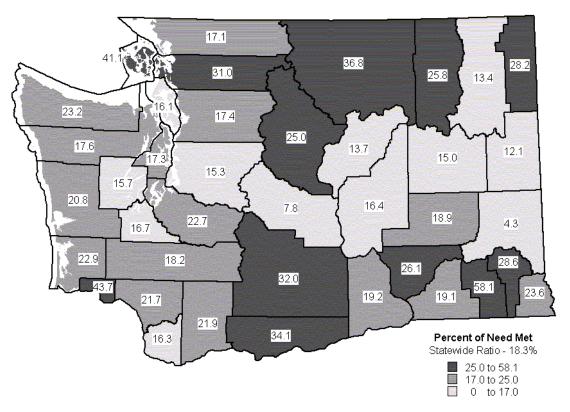
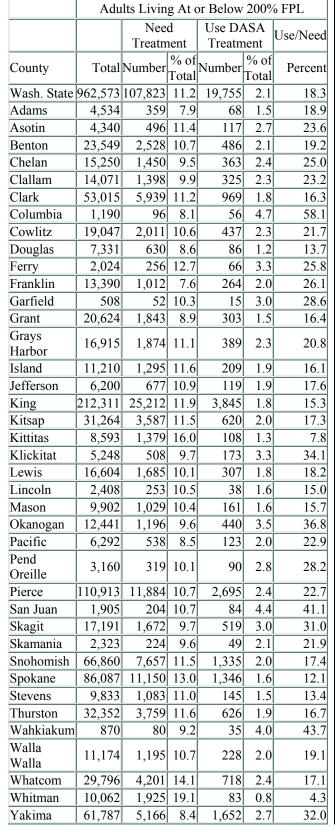
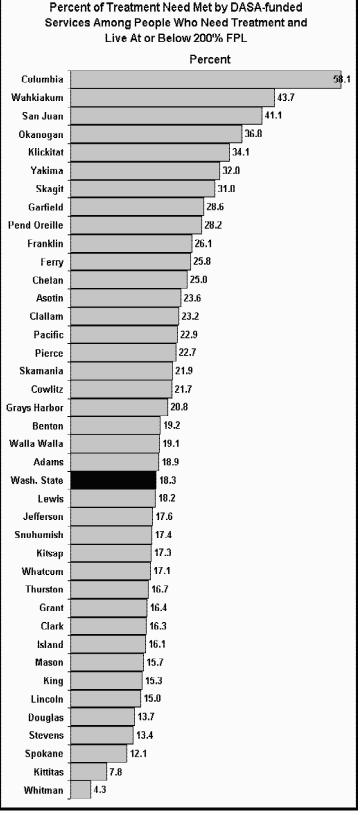


Table 10. Rates of Current Need for Treatment, Use of DASA Treatment, and Ratio of Use to Current Need by County for Washington State Adults Living in Households at or Below 200% FPL, 1998





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